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COUNTRY NOTE**

The Gambia

SUMMARY

The Executive Director presents the country note for the Gambia for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. The Gambia is a densely populated riverine country (105 persons per square kilometer) whose population of some 1.1 million grows at 3.6 per cent per annum. Economic growth has been slower and the country is one of the least developed, with a per capita gross national product of $320 (1995). At least one third of the population is poor. Rapid urbanization contributes to increasing unemployment.

2. During the two-year transition period from military to civilian rule (1995-1997), external assistance from donor countries declined. Both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women have been ratified by the Government. Recent national policies and programmes, including the Government's poverty alleviation and decentralization programmes, are expected to have a positive impact on the situation of children and women.

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* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

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3. Progress towards the mid-decade goals has been mixed. The under-five mortality rate (U5MR) decreased from 140 per 1,000 live births in 1990 to 107 in 1996. The infant mortality rate (IMR), during the same period, declined from 95 to 78 per 1,000 live births. Morbidity and mortality related to vaccine-preventable diseases have declined due to coverage at over 90 per cent, except for measles. Malaria, acute respiratory infections (ARI), diarrhoea, malnutrition and neonatal problems are now the main immediate causes of child morbidity and mortality. Inadequate access to quality health service delivery and safe water and sanitation facilities, compounded by ineffective community-based prevention of diseases, are the main underlying causes. Access to safe water supply and pit latrines was estimated by the Government in 1993 at 50 per cent (39 per cent in rural areas) and 57 per cent (3 per cent in rural areas), respectively. As of 1996, about 2 per cent of the population was infected with HIV. The maternal mortality rate (MMR) (1,100 per 100,000 live births) is attributable mainly to haemorrhagia and infections. The underlying causes are poor access to quality services and lack of information, as well as cultural and traditional beliefs. The Medical Research Council, based in Banjul, has been undertaking research on vaccines and malaria, especially the use of impregnated bednets, which could potentially have implications both for the Gambia and globally.

4. Government statistics show a gradual increase in the primary net enrolment rate from 49 per cent (42 per cent for girls) in 1993-1994 to 54 per cent (47 per cent for girls) in 1995-1996, but with 34 per cent in rural areas. The high cost of formal basic education to families, in addition to cultural practices, limit enrolment and retention, especially of girls. About 20 per cent of school-age children attend Koranic schools that are not part of the formal education system. Only one out of every four women is literate.

5. Although there has been progress on some survival problems, the key concerns on children include: inequitable access to basic services; geographic and gender disparities, e.g., a 25 per cent gap between urban and rural areas for safe water supply, higher U5MR and MMR in the rural areas and a 13 per cent gender gap in school enrolment. Over two thirds of Gambian women and girls have undergone female genital mutilation (FGM). Increasing numbers of girls on the street and working children require special protection. Periodic outbreaks of cholera and meningitis and increasing numbers of refugees require emergency preparedness.

LESSONS LEARNED FROM PAST COOPERATION

6. The Bamako Initiative helped to improve primary health care (PHC), but co-management and co-financing, training of health personnel and women's participation should be strengthened. Promoting basic education helped to increase primary enrolment and narrow the gender gap, but retention and quality remain major challenges. Sectoral programmes should be better integrated through decentralized government structures. Programme and project objectives were too ambitious and should be more realistic and better tailored to the availability of resources. Mechanisms for monitoring of social statistics and progress of interventions, including the promotions of child rights, should be strengthened. The Government's role in coordinating overall development assistance, including the different sectoral interventions of the Government and the UNICEF country programme, needs to be strengthened to improve complementarity, convergence and synergism. Improvement of the national

programme of action (NPA), including the fine-tuning of strategies and costing of interventions, will be the basis to improve effectiveness and reduce costs in basic social services.

7. A multiple indicator cluster survey conducted in 1996 demonstrated that: (a) efforts for building a single, common national data base must be strengthened; and (b) geographic and gender disparities remain.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The proposed country programme is being prepared jointly by the Government and UNICEF, as well as other partners, within the framework of the two Conventions. It will also contribute to and benefit from the Common Country Assessment and the country strategy note, which are under preparation. The overall goal of the programme is to contribute to the survival, development, protection and participation of Gambian children and women. The main objectives are to contribute, by the year 2003, to the government goals of: (a) reducing IMR and U5MR to 50 and 80 per 1,000 live births, respectively; (b) reducing MMR by 20 per cent; (c) reducing by half moderate and severe malnutrition rates in children under five years of age; (d) reducing female illiteracy rates by 10 per cent; (e) increasing primary school enrolment to 75 per cent; (f) reducing access gaps in safe water and environmental sanitation by 50 per cent and 30 per cent, respectively; and (g) improving protection of children in need of special protection measures.

9. The programme will use four key strategies. Service delivery will continue to be used in areas where there are gender or geographical gaps (e.g., access to health services or girls' education in certain divisions) and will favour the most vulnerable groups. Advocacy at national level will continue to focus on the promotion of child- and women-centred policies. Capacity-building will strengthen community participation and aim to reinforce the Government's decentralization process, as well as to ensure community ownership and sustainability of interventions. Empowerment of women will also be pursued (i.e., through literacy training).

10. The country programme objectives will be pursued through four programmes. The health and nutrition programme will focus on the revitalization of the PHC system, using the Bamako Initiative approach. Emphasis will be put on community co-management and co-financing of decentralized basic health services. The minimum package of activities will be strengthened so that it includes, in addition to immunization and essential drugs, control of malaria (through consolidation of the use of impregnated bednets, treatment and surveillance), ARI and diarrhoeal diseases, to reduce mortality caused by these diseases and by measles. The programme will also aim at strengthening of the referral systems for emergency obstetrical care to reduce maternal deaths, prevention of sexually transmitted diseases through better case management, and the equitable provision of health services which are sensitive to gender and youth (i.e, addressing FGM and HIV/AIDS prevention through social mobilization). Support will be provided to village health committees, including women, in monitoring the quality of services. Nutritional surveillance will be reinforced in order to improve community response to problems of malnutrition.

11. The basic education programme will address gender disparity by focusing on increasing girls' primary net enrolment, and enhance the quality and relevance of education through work with parent-teacher associations, communities, local governments and non-governmental organizations (NGOs). UNICEF will continue

helping the Government in developing gender-sensitive learning materials. Support will be provided for improving the technical skills of teachers and early childhood and literacy facilitators. In addition, capacity-building of educational personnel will be pursued through training, reinforcement of guidance and counselling services and curriculum reviews. Efforts will continue to integrate disabled children in mainstream schools. Functional literacy will be used as an element to empower women and improve child care. The programme will support government efforts to provide vocational and life skills training to at least 3,000 school drop-outs and children in need of special protection during each year of the programme. The programme will also support integration of Koranic schools (madrassas) into the mainstream educational system.

12. The water and environmental sanitation programme will aim to increase access to safe water and sanitation. The programme will provide materials for setting up of safe water and sanitation facilities in selected divisions. Primary schools will be used as entry points for programme interventions. Campaigns will be undertaken to increase public awareness of hygiene and primary environmental care through social mobilization and communication. These campaigns will also help to increase community awareness and promote behavioural change for sustainable development and environmental preservation. Networking among NGOs, donors and the Government will be strengthened.

13. Advocacy, social policy and programme development will focus on increasing awareness of the two Conventions; improving community information, education, skills, participation and monitoring of child survival, protection (including street children) and development activities; reinforcing social planning and programming capacity at central and divisional levels; and supporting the Government and NGOs in emergency preparedness. Government and community capacities for programme formulation and implementation will be strengthened. The NPA will be revised in the light of the current socio-economic environment.

14. The Government will have overall responsibility for implementation, coordination and supervision of the country programme. Cooperation with bilateral and multilateral donors, United Nations agencies and NGOs will be strengthened. An integrated monitoring and evaluation plan will be developed as part of the country programme management plan.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 350	2 200	3 550
Basic education	940	1 000	1 940
Water and environmental sanitation	1 255	1 550	2 805
Advocacy, social policy and programme development	205	250	455
Total	3 750	5 000	8 750

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.